



Memorandum of Understanding (MOU)

Approved And Accepted By:

CRP/SESP	VR
CRP/SESP _____	District Office _____
Signature _____	Signature _____
Printed Name _____	Printed Name _____
Title _____	Title _____
Date _____	Date _____

School District	WEC
School Name _____	Agency Name _____
Signature _____	Signature _____
Printed Name _____	Printed Name _____
Title _____	Title _____
Date _____	Date _____

Other	Other
Agency Name _____	Agency Name _____
Signature _____	Signature _____
Printed Name _____	Printed Name _____
Title _____	Title _____
Date _____	Date _____